

COBRA 2021-2022 Monthly Premiums



Medical, Prescription, Behavioral Health

Prescription and behavioral health coverage is provided as part of your enrollment in a County-sponsored medical plan. When you elect medical coverage, you are automatically enrolled in prescription and behavioral health coverage. There is one combined rate for all three plans.

2021-2022 Combined Medical, Prescription, Behavioral Health Premiums

| Plan | Tier | Monthly Total Premium |
|---------------------------------|--------------------------|-----------------------|
| Cigna HMO | Beneficiary | 821.08 |
| | Beneficiary + Spouse | 1,603.15 |
| | Beneficiary + Child(ren) | 1,315.82 |
| | Beneficiary + Family | 2,098.67 |
| UnitedHealthcare PPO | Beneficiary | 859.72 |
| | Beneficiary + Spouse | 1,681.55 |
| | Beneficiary + Child(ren) | 1,379.63 |
| | Beneficiary + Family | 2,202.32 |
| Cigna and UnitedHealthcare HDHP | Beneficiary | 759.69 |
| | Beneficiary + Spouse | 1,479.81 |
| | Beneficiary + Child(ren) | 1,199.63 |
| | Beneficiary + Family | 1,963.02 |

Vision Premiums

| Plan | Tier | Monthly Total Premium |
|--------|--------------------------|-----------------------|
| EyeMed | Beneficiary | 6.94 |
| | Beneficiary + Spouse | 13.28 |
| | Beneficiary + Child(ren) | 13.44 |
| | Beneficiary + Family | 20.22 |

Dental Premiums

| Plan | Tier | Monthly Total Premium |
|----------------------|--------------------------|-----------------------|
| Cigna Prepaid (DHMO) | Beneficiary | 9.45 |
| | Beneficiary + Spouse | 15.97 |
| | Beneficiary + Child(ren) | 22.11 |
| | Beneficiary + Family | 26.03 |
| Cigna (PPO) | Beneficiary | 39.76 |
| | Beneficiary + Spouse | 87.54 |
| | Beneficiary + Child(ren) | 94.70 |
| | Beneficiary + Family | 121.56 |
| Delta (PPO) | Beneficiary | 41.29 |
| | Beneficiary + Spouse | 91.00 |
| | Beneficiary + Child(ren) | 98.45 |
| | Beneficiary + Family | 126.60 |